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Bib Data Sheet

CONFIRMATION NO. 1108

SERIAL NUMBER 10/780,320	FILING DATE 02/17/2004  RULE	CLASS 312	GROUP ART UNIT 3637	ATTORNEY DOCKET NO. LCB432
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

*none 16*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none 16*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 16	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>[Initials]</i>		
Verified and Acknowledged				

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## TITLE

Wall mount cabinet system

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